




Webb County
Administrative Services Department

Risk Management

Human Resources

MEMORANDUM

DATE: August 18, 2014
TO: All Elected Officials, Department Heads and Employees
FROM: Cynthia Mares, Administrative Service Director 
SUBJECT: Sick Leave Pool Annual Enrollment

It's that time of the year! The Administrative Services Department will be taking applications for the 2014-2015 Sick Leave Pool Program. Webb County employees interested in enrolling in the Sick Leave Pool Program for the 2014 - 2015 fiscal year may do so from September 1st, 2014 thru September 30, 2014.

The Sick Leave Pool Program provides **eligible** employees with additional sick leave in times of catastrophic illness and is the only allowable way that sick leave hours can be transferred from one county employee to another. Only those employees who donate to the pool are eligible to apply for withdrawal of hours.

In order to donate to the pool, you must be a full-time active employee as of April 30, 2014 and have a minimum sick leave accrual balance of 24 hours after your sick leave donation is deducted. (The September 30, 2014 sick leave accrual is not eligible for donation or balance purposes.) Full-time employees may donate not less than one day (8 hours) or not more than five days (40 hours) of accrued **SICK LEAVE** days.

If you are interested in participating, please submit a completed *Sick Leave Pool Donation Form* with an *Attendance Record* which reflects the deduction of donated hours. **If you do not wish to participate please submit a signed application declining to participate in the program.** Donations are subject to verification and will not be accepted after the specified deadline.

In order to request and receive benefits, at a minimum you must have 12 months or more of service with Webb County and donated to the Sick Leave Pool Program in **both the previous and the present fiscal years**. Other conditions apply and are detailed in the Webb County Sick Leave Pool Program Policy available on the County's Shared T: Drive [T:\Administrative Services Dept\Webb County Personnel Policies 11-14-11], at the Administrative Services Department and on the County's website <http://www.webbcountytx.gov/AdministrativeServices/SLP%20Forms/default.aspx>.

Additional information regarding this program can be obtained by contacting Administrative Services at (956) 523- 4143.

WEBB COUNTY SICK LEAVE POOL APPLICATION 2014-2015

(All shaded areas are required)

Name					Department		
Home Address							
		No. and Street Name	City	State	Zip Code		
D.O.B.			Employee ID #	S.S.#	(Last 4 Digits)		
Tel. #			E-mail				

CONTRIBUTION TO SICK LEAVE POOL

The Sick Leave Pool Program can provide eligible employees with additional sick leave in times of catastrophic illness and it is the only allowable way that leave can be transferred from one county employee to another. You must contribute hours every year to maintain eligibility in the pool. If you do not contribute, you will not be eligible to withdraw.

You must have contributed in the present and previous FY to make a request to receive hours. There is no length of services requirement as long as you have the minimum 24 hours of Sick leave after your contribution and prior to the September accrual to contribute to the SLP program in which employees may contribute not less than one day (8 hours) or not more than five sick leave days (40 hours) during a fiscal year.

Please choose a box and complete. All information in the box is required to process the applications.

I, _____, wish to participate in the Sick Leave Pool for Fiscal Year 2014-2015.

Employee Signature	Date
Total number sick leave hours accrued:	
Total number sick leave hours contributed:	
Total number sick leave hours balance:	**

****Must have a minimum balance of 24 hrs. of Sick Leave for donation to be accepted****

- ☐ I DO NOT Wish to participate in the Sick Leave Pool for Fiscal Year 2014-2015.
- ☐ I am UNABLE to participate in the Sick Leave Pool for Fiscal Year 2014-2015.

Employee Signature	Date
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- ☐ Copy of Attendance Record (Attendance record reflecting SLP deduction is required to process)
- ☐ SLP deduction has been reported to Treasury on the feedback document

Verification by Department Head

Date